

NOTES ON CHINA STUDY TOUR  
PRIMARY HEALTH CARE  
BY  
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# Notes on China Study Tour

## Primary Health Care

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## 1. OVERVIEW

### *Discussion With Prof Gu XingYuan*

Prof. Gu, a 70 years professor and head of the Shanghai medical university's community health department, has been associated for several years with all levels of health care in China and has done several studies and even at this age, has been a contact person for international health agencies. He handed me a paper showing China's health statistics and the changes over decades. The figures confirm several notions about China's health status and also demolish many misconceptions too.

We in India believe, truly, that China has done well on the population front, the control of infections, basic health facilities, inclusion of traditional medical practices in the national services.

Yet many of our ideas of a free health care as existing in China fall flat. The free health care is available only to the organized sector like govt servants. Labour unions get their health care from the establishment owners (which he says is becoming increasingly difficult due to rising costs of health care). Even municipal hospitals require payment; it is not free as we have it in India. The government is not willing to foot this bill and rising health care costs are turning away more patients. Even county hospitals have to levy charges as cooperatives no longer exist and govt can not pay for them. The humble rural doctors too have less support from govt. and have to charge users for services and medicines. There are several physicians in cities and towns who run private clinics charging user fees. Even traditional practitioners charge their patients.

Hospitals are run either by national health department or municipalities, and no private hospitals. But physicians can run clinics and take fees.

### *Doctors and nurses*

There are three kinds of doctors.

Level 1: Qualified with a degree from medical university. A five-year course after graduation. They can take post graduate course (3 yr.) after this. After the course they have to do a three year compulsory service.

Level 2: From the medical schools, after HSC a three year course. After passing they can work in various hospitals for years. There are many schools and govt. is trying to keep a curb on them, as the system can not absorb them.

Level 3 The rural (formerly the barefoot doctor) doctor. This is a six months course.

Nurses: A three-year course.

### *Hospitals*

There are only govt. hospitals and municipal hospitals, no private hospitals.

Fees are charged for services and the costs are rising, resulting in a low bed-utilization-ratio (65%)

Biggest hospitals are about 2000-bedded. Then there are special MCH hospitals for women and children.

Each province has a hospital.

Cost escalations are primarily due to 3 reasons:

- Technology advances
- Medicine costs
- Change in types of illnesses- from infections to heart diseases and cancers and accidents.

### *County hospital*

400 bed hospitals with many basic specialties

Traditional medical treatment is also available.

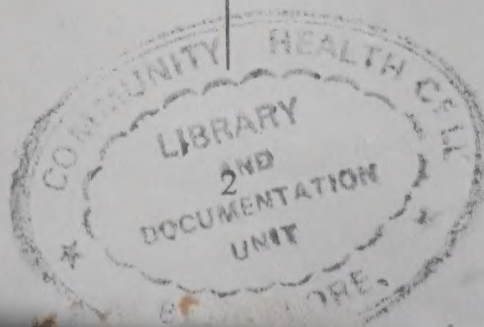
Hospitals and clinics. But they can use both types of medicines.

### *Health trends*

- Birth rates and death rates have definitely fallen, age expectancy increasing and this is more for women.
- Morbidities are changing-- from infections it is now CVA, cancers, hearts diseases and accidents.
- One child norm was strict in cities only; peasants had two children and in backward regions even 3-4.
- IMR is between 20 to 13, for villages and cities respectively. MMR is about 1 per 1000 live births, less in cities and more in villages.
- Nutrition is improving and non-grain portion is on the increase (causing its own problems).

### *Health expenditure*

Apart from the fact that health care costs are rising, the user-paid finance is making matters worse. It is estimated that Govt. pays only 14% of the actual expenses, rest coming from private pockets. The reasons are listed above. For the nation this is little less than 4% of the budget.



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## **2. ZAIDING COUNTY VISIT** (March 9<sup>th</sup> 98)

### **General information**

This is a WHO collaborating center in PRC for Primary health care. I reached here with Prof. Gu at about 3pm, one hr from Shanghai. Dr Cha Liming, Director tells me the first few facts.

Shanghai has 10 districts/counties.

- This county has a population of 4,71,000. And an area of 458 sq. km.
- It has 17 townships, each a center of about 10-15 villages
- It has a lot of industry too, besides advanced agriculture and fisheries
- Each village has about 2000 population.

### **Health facilities**

The main township of Zaiding has 14 health establishments: 3 general hospitals, 500 bedded MCH hospital, Health and epidemic station, Mental institute and rehabilitation center, training center for rural doctors, Traditional medicine hospital etc

In the 17 towns, there are township health centers in each.

There are 233 VHE stations in the county.

Any villager can get health care within 15 km of walking distance.

### **RHI**

Rural health insurance (RHI) was introduced as early as 1968. (This is all over China, but best developed here).

In RHI, each family pays annual premia. The village committee and govt. adds to the funds.

From this collection all PHC services are given free, plus some portion of hospital expenses is also borne (40 % upto 5000Yuan, less there after)

### **Rural Doctor**

RD now replaces the barefoot doctor. The latter was instituted in 1960.

BFD received extensive training later for one year in county hospitals.

Many BFDs aged out and villages are roping in new incumbents.

The Village sends/sponsors a candidate for training, who has passed Junior HSC and is about 17 years.

The County Health center selects in a second stage.

At present there are 455 RDs, at 233 HSEs, each having about two RDs

Each RD now undergoes a 3 years a course.

They have 22 subjects and appropriate books.

There is a central examination for RDs, which they must pass before serving.

A license is issued by Govt.-the green card

Monthly meeting is used for retraining annual evaluation.

Remuneration 500 to 1000 Yuan (80 to 160 \$) per month (30-40% higher than farm labour rates)

They can use 80 modern + 40 traditional drugs? 50 accu points

They can learn more drugs (upto 250 drugs) and even traditional specialization

They can later opt for higher medical degree (5 years)

If they quit without serving they have to pay up 6000 Yuan (this is a subsidized cost)

### **3 tier system**

90 % people avail of VHE services, 10 % may bypass them at their own cost.

All deliveries take place in hospitals—100% as every baby is precious and there is no maternal death.

IMR of county is just around 6 per 1000

This is an excellent system, and quality has to be watched as people have rising aspirations



### **3. NOTES FROM DISCUSSION WITH DR SHAN GUO JING**

3-tier system was established in 1950 after the liberation. It has succeeded in solving China's problems in health care. It works at 3 levels: District/County, township, and village

It was perfected from time to time. All population gets health care with this arrangement..

Total hospital beds in county: 2840, with 3900 staff, Bed: pop ratio 4:1000

Health personnel: 6.28:1000

Doctor 3.5:1000

Rural doctor for agricultural population: 1.57:1000

Health and epidemic stations: 233 in county

Main anti-epidemic station

The main anti-epidemic station is at the county level: It looks after immunization, hygiene, environmental sanitation and education, food hygiene, occupational hygiene, training of health personnel, health education, etc.

#### **Hospitals**

There are district and township hospitals

MCH Hospital: 100 bed, 227 staff, It provided curative as well as guidance for technical programme of MCH in the county.

Four national baby hospitals: (This is the love baby district). Each has 30 beds at four townships

Township level hospital: 30-50 beds. Each has 30-50 beds and 10-20 doctors

#### **A health school for RDs**

#### **Township health center**

Medical services, health management, preventive, MCH, rehabilitation, It works under township Govt. and bureau of health services.

##### **Functions**

Patriotic campaigns, control of epidemic and infections

Immunizations

Scientific health education, Surveillance and management

MCH work

Diagnosis and management of illnesses

Emergency cares, first Aid

Mental health services,

Prevention of chronic illnesses

Health administration of township

Surveillance/information/statistics

#### **Village Health organization**

Village Health Organization consists of 233 village health posts

1 Rd per 500 population, each post has 2-4 RDs and at least one woman

RD belongs to the community

Initially they had at least two years training, staggered

They give local as well as national examination for qualifying. 70% pass.

#### **Functions**

Implement PHC

Ensure health of farmers according to national health policies

Health leadership of the community

Prevent diseases

EPI

Diagnosis and treatment of common and important illnesses

Surveillance and management

Mobilizing farmers for launching hygienic campaigns

Hygiene of food, water and environment

Emergency aid and referral

#### **Health statistics**

Birth Weight above 2500gm >96.5%

IMR 6.7 MMR 0 (200 in 1950)

Vaccination coverage 99.5 (four vaccinations)

Infections incidence: 337 per 100000 pop per annum in 1996 (190 1223)

Life expectancy 76.9 (men 74 women 79.6)

First five causes of deaths: Cancer (30%), CVA (30%), Respiratory illnesses (22%), Accidents and intoxication (9.5%), Heart ailments (10%). In cancers, Stomach, liver, breast come in that order.

#### **Toilet reforms**

China has an old toilet tradition (bucket system). Even toilet paper is traditional. They used to throw it in waters or fields. Now there are village sewerage treatment plants

Now septic tanks are replacing this.

Flush toilets are popular and universal.

In other parts of China bucket system continues

Cattle refuse is dumped.

#### **Health education**

Twice weekly on TV every home has TV

(Power supply is 100% and no failure.)



#### 4. VISIT TO THE TOWNSHIP HEALTH CENTER (THC)

After half an hours drive we reach a modern looking building, in fact a complex of buildings. They look too clean and good for a rural hospital, but yes it is a Chinese one at that. I suspect it's a showpiece and ask Dr Cha on directly" are all THCs like this one?" "By and large yes" he says. I am amazed.

Dr Za, an elderly doctor in late forties greets me at the portico of the outpatient dept. There is a reception, a pharmacy, a clean toilet, an acupuncture clinic and an ANC room in the groundfloor. In the upper floor the main doctor sits in his office, the office has a computer. It is 2 PM and there are no queues, few patients are found in each clinic. A lady doctor is offering spinal massage (Chinese method) for a patient suffering from back pain. The other doctor is now relaxing. The duo also gives traditional system treatment with drugs. They get the same pay, none less than others (1000 Yuan PM. About 4000 Rs PM). They get housing and about 90% pension when they retire at 60 yrs.

The OPD handles about 200 patient's everyday. For this there are 19 doctors--all general ones, no specialists.

They work in shifts of eight hours. There are enough doctors around anytime.

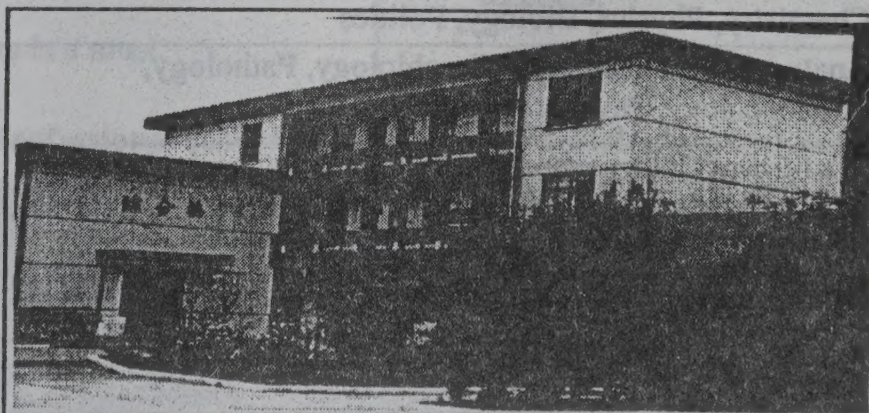
The ANC clinic has one patient and three lady doctors. A good waiting room, a good exam room and an ultrasound machine is available. On the wall there is a unique ANC status display, with boxes and cards- virtually table with rows and columns for villages and months. Each cell has some card carrying the name of the expecting woman in that village. ANC women pay a monthly visit to the clinic

Most work is supported by insurance. There are three types of insurance covers. The general (or govt. employees) covers 90% costs. The Labour cooperative insurance covers 80% costs (20 individual liability) and the farmers through RHI get 50% insurance against actuals. There are some stray patients- the non-regular ones-- who have to pay full. (I just inquire about costs of a malaria treatment. It would be about 10 Y, which is about 40 Rs. Incidentally malaria, is not a problem here)

The THC offers all kinds of services: ANC, general, radiology, lab tests, USG, traditional medicine, internal medicine, surgery etc. but does not conduct childbirths for which there is a separate hospital.

The ward building is separate- clean and comforting. There are not many patients. Toilets are clean.

Besides this there is a good building for training center.





## THE VILLAGE HEALTH STATION (VHS)

After a fifteen-minute drive our car stops in front of a building that would easily pass as a rich man's bungalow in India. This is the village health station for *Malu* village. There is no way you can imagine a East China village from our Indian village. There are no dirt roads, no dust, no huts and no cows. The villages have blended into townships. So there is nothing outlandish about the VHS. This one is not exceptional, its like so many other VHSs.

There are three large rooms inside, two rural doctors: one man and one woman, and a patient getting his BP checked form the lady doctor.

The RDs have completed a three-year course and can do many things that are independent and complementary to the THC's.

### *Broad Outline of Course for Rural Doctors*



The doctor, who looks a man of twenties, is actually 49 years old and would soon wed his daughter. There is a computer and lot of equipment. A pharmacy, record room, a telephone, charts and magazines. It looks better than many consultants' offices in India.

He has about 8 reference books. I display and photograph them with him.

The lady doctor is busy checking BP. On the record chart there is a complete display of BP measurements of all households above 35. This is a part of their programme against Cardio-Vascular diseases.

The RD visits 3-4 homes everyday. For all this work VHS has 4 RDs.

I leave with a sigh, alas In India we could dream of even 10 % of this situation.

1. General Course 8 Subjects	Ethics, Physical exercise, Chinese language, Maths, Chemistry, Physics, Biology, Politics	674 Hrs
2. Basic medicine Subjects 6	Anatomy, Biochemistry, Microbiology, Pathology, Pharmacology, Psychology,	507 HRS
3. Clinical subjects 10	Traditional Chinese medicine, Clinical diagnosis, Nursing, Internal medicine, Surgery principles, pediatrics, Obstretics, ENT, Eye, First Aid,	907 hrs
4. Preventive health science 3	Oral health, Prevention of illnesses, Primary health cares.	340 HRS
5. Selected topics	Social Relation, Rehabilitation, Geriatrics	80 HRS
Total		2600 HRS, 430 working days with 6 hrs each.



## **5. THE SECONDARY PROFESSIONAL SCHOOL FOR RDS, NURSES AND MIDWIVES.**

After a few minutes drive from my hotel, here is the Zaiding secondary school for health professionals. It is a huge building (s).

The vice-principal greets us. We sit in a room for discussion. This is quite a good meeting hall for school.

### ***Some facts and profile***

- 620 students, all residents. Midwives, nurses and RDs are 3 separate categories under the same roof.
- Each course is of 3 years.
- Fees: 2400Y per year, living expenses extra. The actual expense is 10,000 Y every year, so govt. subsidizes the rest.
- Villages send the candidates and partly support their costs.
- 60% are girls as nurses and midwives are two major courses.
- Age group at entry is 17-18 years, At completion it is about 20 yr.

### ***The academic course***

- 2 years of classroom training + 1 year practical (8months in county hospital and 4 months in THC)
- Each year has about 1100 hrs of teaching. Students go home in weekends and vacations.
- Medical theory of both western and Chinese medicine is taught. Total 120 hrs for traditional medicine.
- Computer training of 100 hrs is a must.

- At the end of first practical in hospital, students give a full internal test conducted by the municipality.
- At the end of the course, students give a national test. About 10-30 % fail. They may reappear or leave the course. The passing level is 60% marks. This center has good results.

### ***Continuous Medical Education***

- Refresher courses are available every year- one week duration.
- The successful candidates join health posts and later (after 5 years) may enter degree courses if they wish. Hereafter they are absorbed in hospitals and get higher salaries.

### ***Midwives***

- Only midwives can conduct childbirths.

### ***Facilities***

- Each batch has 40-48 students. Classrooms are good, with benches, good quality equipment. There are about 100 computers-all Pentiums- in the Computer room. Library and anatomy museum are reasonably good. There are body models, audio-visuals, books, magazines and journals.
- The rooms are clean and well lighted.
- The staff count is 102, out of which 56 are teachers.

**A Rural Professional school in Zaiding for rural doctors and nurses**





## 6. THE RURAL HEALTH INSURANCE (RHI) SCHEME

Cooperative medical insurance (CMS) was universally available in China before 1978. It collapsed with the disbanding of communes. The health dept is keen to start fresh schemes and this is taking roots in the richer counties first. Zaiding is one such county operating the RHI successfully.

Here is some outline of the RHI programme in Zaiding.

Most people-90% avail of this scheme.

Zaiding is a rich county in Shanghai, which in turn is the richest region of China. So the RHI runs very well. RHI has a long history and has evolved steadily. Fund collection is good. It is popular in villages. It's function is reimbursement of medical expenses and cover the risk events that need hospitalization. All levels of local government-village committees to towns-- are involved in making it a success. At village level too, there is a special person to look after the scheme.

Family is the basic unit, but premia are paid per person per year, the rate being about 100 Y. This is about 2.5-3.5 % of the family income. The municipal bodies give 1-2 % of tax collection to the fund.

District Govt also pays up some fund. Factories pay

premia for their workers. Besides businessmen and others also contribute some donations.

5,000Y is the critical level of expenses, at which compensation rates change. Up to 5,000 Y expenses, it is 40% reimbursement. For expense level 5000-10,000Y, 50% repayment is done, For expenses more than 10,000 Y it is 60%. Expense more than 20,000 are not covered.

Of the expenses, only part is reimbursed as mentioned in the table

Reimbursement does not cover nursing and bed charges. It covers consultation, drugs, surgery and procedures.

In 1997, for 2 lakh inhabitants, 24.67 million Y were collected as funds (10 Crore Rs)

### Basic conditions for RHI to succeed:

- Different levels of govt must support the programme with funds.
- Farmers must join it and pay before taking benefits
- 3 Tier network must exist and be functional.
- Funds must come.
- Plan according to local conditions.

County/District level hospital	Outpatient expenses 45%	Inpatient Expenses 55%
Township health center	Out Patient expenses 58%	Inpatient Expenses 60%
Village level health station	60-70% of all expenses	-



## **7. VISIT TO THE TOWNSHIP INSURANCE OFFICE**

This office staffed by govt officers, looks after insurance of poultry, health and crops separately.

- 13,000 out of 16,000 farmer families are members of the RHI.
- Reimbursement rate is decided by the office.
- Medicines and surgeries claim 80% of the funds..
- 5% goes to management and health education
- Individuals pay 60Y per year
- Factories pay 200Y per worker for whole family.
- Jobless people pay 60 Y

Expenses are rising and so govt funds are needed increasingly. About 10% funds come from Govt. 20% funds are kept as risk funds, the rest go into routine care.

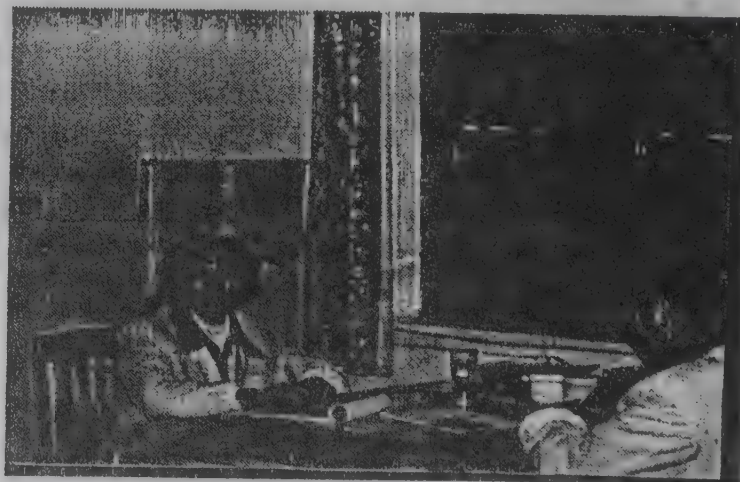
In 1997, 2 million Y was the total fund, of which one third was going to medicare in village level. Two parts went to hospital care.

## **8. VILLAGE HEALTH STATION**

In the afternoon we went to see the village health station. This is built five years back. It is a very good building, clean and beautiful. Tow doctors (there are 3) greet me, both women. They have completed two-year courses. One of them is working for 20 years in this place. There is a neatly kept pharmacy and both Chinese and modern medicines adorn the cupboard.

Records are neat and systematic. They give injections too. Heath education material is on display and I see a fertility awareness chart on the display.

About 20 patients visited the VHS today. At night it is closed, but RDs attend anyone who needs help at night.



## **9. WATER FACTORY: WATER SUPPLY PLANT**

The water factory at—is a massive structure. It treats water and tests are performed hourly. I learn that 1000 litres of water is available for each person, including the industrial needs. Apart from this township, 40 surrounding villages get piped water from this factory.

Adjacent to this plant, there is the govt owned car factory-the Volks Wagon joint venture. This produces the popular Santana car (about 1.5lac Y= 6-7 lac Rs). Thousands of cars are waiting for dispatch.



## 10. THE CHINESE TRADITIONAL MEDICINE SYSTEM

Interview with Dr Yang: Dy Director Public Health, also national advisor to MoPH

In 1991 Ziading was selected as the pilot district for developing Chinese traditional medical systems.

After five years the developed model was accepted by the govt for implication all over China.

TCM receives a good support from the Chinese government at all levels.

### *The district TCM hospital*

- 200 beds, 29 clinics, including internal medicine, surgery, obstetrics, Moxibustion, Acupuncture etc.
- It provides both TCM and western medicine, but people prefer TCM for its low cost, efficacy and relief for certain illnesses. (This we saw in the hospitals as there was more crowding of TCM pharmacy than the western).
- Provision for each bed in terms of budget is 20,000 Y. Total equipment is 10 million.
- Advanced laboratory including RI assay, gene lab, etc are provided
- The staff is 370
- There are two primary clinics.
- Overseas patients also come to this hospital

### *Specialities*

- Neuromedicine, especially tumors (72% cure rate) and spinal problems. This is a research priority
- Strokes (cardio-vascular accidents).
- Piles and bleeding
- Trauma
- Infertility
- Geriatric problems
- Asthma (60% CURE rate)

In the hospital itself a patient guidance center receives and tells patients where to go (TCM or western) for their illnesses. Two-thirds patients/work is in TCM section. But treatment is often combined for the same patient. For instance, acute and serious illnesses often receive western medicine. Most doctors decide which is the better option for a given illness.

There is a research wing, looking after clinical and other research including investigations.

### *Community services:*

There are 4 health workers to provide home treatment to those who can not attend the hospital. Each worker serves about 200 beds (must be periodically)

TCM health workers (10) provide services at center 3 other places (extension services) in the city. They may attend home calls if a patient can not move.

### *Training of Rural doctor in TCM*

Rural doctors receive training of TCM in their first course and also in subsequent refresher courses. TCM hospitals also train RDs in batches.

After training they can use 20-44 TCM remedies

### *The Township TCM component*

Every township Health Center has at least two TCM doctors. There is a separate division in THC for this. It offers both acupuncture and drugs.

The herbal industry for collection, processing, packing is enormous. Collection work is spread in entire China. In the TCM hospital I could see a lot of herbs being unpacked and stored.

### *A woman pharmacist in a Chinese traditional hospital*





## **11. A CHINESE PRIMARY SCHOOL**

March 12<sup>th</sup>. I saw a Chinese primary school in Ziading this afternoon.

It is a brand new govt school for urbanites, 2100 pupils learn in this school and there are 150 staff & teachers work in this school for eight hours. The is an old institute for 100 years so has got a new building on 2.5 hectares, sprawling buildings, swimming pools, playgrounds, sports complex, science laboratory and class rooms. The management section is separate.

- This school serves 1<sup>st</sup> to 6<sup>th</sup> standards.
- Govt of China is very keen about education, and upto 9<sup>th</sup> standard education is compulsory for all. More schools are being made available for rural areas to complete this goal. This campaign is known as operation HOPE. Students and teachers of this school also participate as link workers for this programme.
- It is a 100 % govt supported school like most other schools in China. Some schools are private too.
- Nobody can remain without education
- The school starts at 8am. At 11am it is a break. Then reopens at 1pm and breaks at 4.30 PM.
- At 9.30pm everybody is given a school meal (the expenses are borne by family, except the poor ones).

### ***Academics***

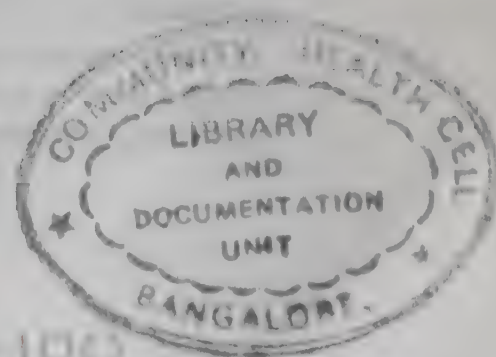
- Subjects: Chinese, Mathematics, natural science and English at 4<sup>th</sup>.
- History, geography, health are added in 4<sup>th</sup>.
- According to the 21<sup>st</sup> century reforms guidelines, subjects are divided as compulsory, selective and activity subjects. Music, sports, handicrafts, drawing & painting etc are activity subjects. All students participate in these too.
- Health education is an important topic and two health teachers are in charge of this. The topics covered are oral hygiene, eye care, food hygiene, human biology, and adolescent education for girls (For boys it comes in later at middle schools). The health class is once a week—of about 20-40 minutes.
- There are several computers, typing machines, English audio-lesson equipment, and mini lathe

machines (almost like sewing machines) on which students are spending several hours.

- The Ping-Pong sports complex, dancing hall, canteen, auditorium are a separate complex.
- The tests require 60% passing but nobody is retained for failure in the same class. Till 6<sup>th</sup> there is no failure.
- Boys and girls and in the same school-and often share benches. In China all schooling is mixed, no separate schooling.
- Each division has 50 pupils
- Govt inspectors visit and evaluate schools from time to time.
- No beating is permitted. You can try different methods. But teachers who punish students receive some punishments (no promotions)
- Teachers' average pay is 1200 Y
- School works for 180 days out of 365 days.

I was truly impressed and remembered schools back home. Ofcourse this school is at the upper end of the spectrum, not the usual one. But others can not be as bad as ours (which I later confirmed in the hills).

A vibrant, frolicking and merry shoal of children flew past a dazed-me.





## 12. HEALTH INSURANCE IN CHINA

1. Public Welfare Scheme for Govt. Sector people: 5% of total population. This covers 90-100% reimbursement
2. Labour Insurance system: Covers 25% of people. Workers (90% reimbursement) and family (50% reimbursements) The factory/establishment pays for this. (They are finding it difficult now)

3. Co-op Medical Insurance scheme: For rural people. But the scheme exists to day only in 12% of rural population, due to collapse of the communes.

So about 50 % people are without any social security net

**Problem: How to revive the CMS in areas where it has collapsed (mostly poor areas).**

## 13. PROF GONG'S LECTURE ON HEALTH SYSTEMS:

15<sup>th</sup> March

There are four kind of payment systems:

1. Public welfare scheme for the govt. sector employees (10%)
2. Labour insurance: paid by factories and establishments (15%)
3. CMS: Cooperative medical system. For some village people (now very weak)(10%)
4. Self-paid: most people in the unorganized sector (50%)

There are three tiers of govt health care

1. County level: County level hospital, anti-epidemic station, MCH, Secondary professional school. So this includes curative care, preventive care, training and health education, drug-quality monitors.
2. Township level: Township health center, offering curative, preventive, health-educational services all in the same complex
3. Village Health station: Has one-two RD.s, Health aide (one), and health worker. The health aide does the job of preventive and health educational services. RD gives medical care. Health workers also give health education and other survey works.

After reforms, there was increase in the **unmet needs** for health care both for outpatient and inpatient care. Poor, rural, illiterate and aged started getting less medical care, as they could not pay for services. COMS collapsed.

In China not only curative but preventive care also is charged for. For instance immunizations, gynac screening, BP/stroke control services are all available

at a price. May be some portion is subsidized. However the govt employees get everything free with a minute co-payment element. In this case it is the govt which pays. (The professor was surprised that Indian public health services are almost free.

Prof Gong tells me that, many urbanites under the insurance cover receive more medicines tat lie unconsumed and this helps save many expenses as other family members can do-self medication. So I said, your govt seems to favor the employees and workers and leaves out the villagers out in cold. Yes, he responded, the employees and workers are a powerful lot.

### Health facilities in China

Tier	facility
Village level ( about 1000 population)	Village Health station with one or two Rural Doctors and a health aide
Township level ( 40-50,000 population)	Township health center with 30 beds and preventive services. About 20 doctors and 15 nurses)
County level ( 5 lakh population )	400 bed County general hospital, MCH hospital ( 30-100 beds), Traditional Chinese Medicine Hospital (30-100 beds), Anti-Epidemic Station, Secondary professional school for health personnel
Province	Provincial hospital



## 14. THE MUNICIPAL HOSPITAL ( A DISTRICT HOSPITAL)

In the afternoon of 15<sup>th</sup> March, we visited a municipal hospital in Shanghai and its extension services. The hospital director and the district health director (district means a big ward of the city of about 8,30,000 population. The latter is a woman.

The hospital is one of the many hospitals in this district. It is a middle level hospital, not the highest one. It serves 90,000 population and has 100 beds+364 at-home bed services. The staff is about 125.

It has about 3200 sq.-met area spread on 6 floors.

It has some general beds and an eye speciality. It also has traditional medicine section, with acupuncture and massage and physiotherapy.

The charges are displayed on board. I inquire, it about 25 Y (110Rs) as bed charges and an appendicectomy would cost 1000Y(4750RS).

It has its own pharmacy- dispensing unit), lab, USG, surgery etc.

The hospital offers a special service-the community health care-CHC. This is a new extension service. The main feature of this is health stations in small areas (Liwie) with 3 staff members. This unit offers at home care, serving about 25 beds every day at homes of sick people. This is also a paid service. More about this later.

In the hospitals' jurisdiction of 90,000 population about 374 beds at home get such services. This service is popular in the community.

The doctors get salaries of about 2000 Y (9000 Rs) per month and nurse get about the same. Housing for staff was free before some time, now some rent is charged.

In the CHC, three-four special programs are offered: Blood pressure monitoring, eye-care, tumor screening, mental health care, stroke-services etc. Most of this is for the aged.

## 15. IN THE LIWIE CENTER

When I visited this center three women- a doctor, nurse, and health worker greet us. Apart from a usual clinical apparatus like BP machine and stethoscope, they have a computer (486 model) with Chinese-language facility on epi-5 software. This helps recording the clinical and survey data. It is one room affair all using the same table. On Mondays and Thursdays are clinic days. On other weekdays they visit families on request. On Saturday mornings, only injection services are available. All of them go on bike or a moped. Often it is a walking distance. They have telephone too.

They charge for all services, including visit, medicines etc.

Everyday they serve about 25 family beds.

Every day all of them first go to the main hospital, report work progress and come to the Liwie center post and start work.

For a visit on request it is 14.5 Y ( 1Y=4.75Rs ) of which 7 Y is the visit charge and other is consultation.

For clinic services they charge 4.5 Y registration fee.

There is some concession for the people above 60 years.

The at-home-bed (they call it family-bed) concept works like this. Suppose some one is sick and can not come to hospital or can not pay for bed charges (25Y per day), they can call the Liwie staff and ask for help. The doctor will go there, examine and offer all services that she/he can possibly offer at home. They will also

deliver medicines at home. This is very easy for the family as transportation, bed charges, time etc is saved. It is also very comfortable for the patient to be at home. This mostly works for chronic patients.

For the health services this increases bed-coverage at a low cost and without crowding the hospital. (Nowhere did I see any queues in hospitals). People have to wait less than half hr—usually nothing at all- for a consultation.

The Liwie has about 60 medicines-western and traditional- and the contraceptive. Only the last thing is free of cost.

On the board is the display of important chronic illnesses-cancer, heart patients and high BP, strokes, mental illnesses, diabetes, cataract, cancers etc. In the computer we find many more illness records. The nurse operated the computer (nurses learn it in the secondary professional school itself). She has all the statistics at the fingertips. The center has complete clinical profiles of about 3600 inhabitants over 60 years and about the same number awaits recording. The locality has 20,000 people of all ages.

I was quite impressed by this real extension service of a modern hospital, hey mean serious business though health experts are not exactly happy about its utilization.



## 16. INTERVIEW WITH DISTRICT HEALTH DIRECTOR

(A district is part of the city. Prefecture is a rural region.)

The director is a lady. She looks after a population of 8,30,000, spread on 10 streets, each with a hospital of this kind. There are also the higher hospitals. She is a public health graduate, about middle aged. Oversees about 3700 staff in the locality. Out of 3700, 80 % are doctors and nurses and 20 % in maintenance and management.

Each hospital provides curative care and Community Health Care (CHC) through the Liwei centers.

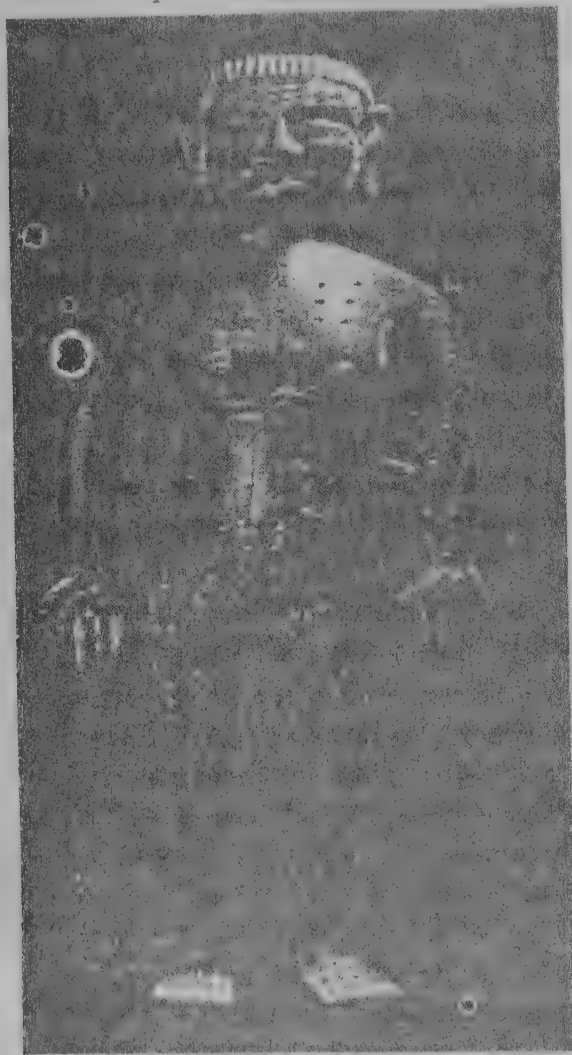
For school health, there is a special institute under her, and this conducts examination of all the schoolchildren in the locality. Special programme for CHC are related to eye, cancer, HBP, heart illness, schools health, occupational services etc.

The budget comes from two sources: for preventive it is mainly the govt funds-about 20 million Y per year. This is less and merely subsidizes costs. For curative it is entirely fees-from-users including third party payment from insurance funds.

## 17. VISIT TO CHINESE TRADITIONAL MEDICAL UNIVERSITY IN SHANGHAI

Tuesday 17<sup>th</sup>

Museum model of accupuncture points: Shanghai



This is an impressive campus.

First visited the museum: It is quite educative. The TCM went through similar phases as the Indian systems of healing. Herbs and various procedures then theorization and expansion. Acupuncture is an old tradition.

Ancient instruments of surgery are quite interesting.

A small section on Tibetan medicine. I see a script that is closer to Devnagari. There are clear signs of e.i,u, o etc. The Sanskrit danda is there. K & some other letters look familiar (What a revelation- the script spread on both sides of the Himalayas but developed more on the Indian side of the Jamboodweep).

The visit to the acupuncture department is wasted because of poor management. This interpreter knows painfully little about English. It is becoming ridiculous. He can not understand simple words like blood, headache, herbal, water etc. Chinese have learnt their phonetics from the Americans and have added their own tonal variation to the heady mix.

Yet I see a few significant things in this dept. A lady doctor is treating hyperactive child with needles in head, forehead, legs etc. There is one more child 'with needles'. In another room, an elderly woman with chronic headache is undergoing bloodletting with what looks like a small hammer with 8-10 needles on it. She reports relief after 2 visits (this is her second).



## 18. MALNUTRITION IN CHINA

The Chinese Academy of Preventive Medicine has been working on the malnutrition problem in China. She shared me with the presentation on power point Here is the outline of her study.

In China malnutrition comes in the form of four major public health problems: Stunting and PEM malnutrition, Iodine deficiency disease, Vitamin A deficiency, and Anemia.

Malnourished children experience 8.4 times the mortality rates in normal children.

Malnourished children have an average IQ deficiency of about 13.5% as compared to normal children.

There is a great economic loss due to all forms of Malnourishment.

China has about 58 million populations under poverty line

About 10 to 46 % under 5 children are underweight in various regions, least in Northeast China, more in Northwest and Southwest and south.

### Variation in the problem:

	Stunting of <5 children %	Underweight %
Urban	9	46
Rural	39	18
Rich	24	11
Poor	54	30
North	45	24
South	34	16

In general the problem is slow to reduce, from 1990 to 1995 In urban areas it is down by only one percent (from 10%) and in rural areas it down by 3% from 42%.

The Malnutrition situation has poor correlation with economy of the area, for instance the Guandong province ranks 5<sup>th</sup> by way of economy, 19<sup>th</sup> in terms of stunting and 26<sup>th</sup> by way of underweight. (I could not get more information on this).

In the 58 poor population in China, about 8 millions are in preschool age group. In this age -group Protein consumption is only about 65% of RDA and calorie consumption is 73% of RDA.

The total losses in terms of economy, on acct of malnutrition problem is about 30 billion Yuans every year (4 billions \$). This includes PEM, IDD, vita A def and anemia. PEM causes 8% reduction in adult work capacity. The cost-benefit of preventing malnutrition is 1:6. It is therefore both necessary and rewarding to reduce malnutrition.

National Programme of Child Welfare intends to correct this with following actions

EPI and increasing access to health care (Currently only about 20-75% sick children get health care)

Supplementary feeds in pre-school population

Health education of mothers, general population and particularly health workers and preschool instructors

Promotion of local food resources, kitchen gardens, poultry and dairy

Problem	Some More Statistics	
	Rural	Urban
Stunting of children <5 years	39	9
Underweight Children	46	17.8
Anemia under 1 year	29 (3.9 millions)	22.6 (1 million)
Anemia 0-5 years	15.6 (14.5 million)	11.4 (3.5 million)
Vitamin D Def in under 3 yr group	25-50% of recommended dietary intake	
Vitamin Def in 2-5 yr group	45-69% of Recommended Dietary Intake	
Iodine Deficiency	Common all over China	



## 19. VISIT TO HUONIG COUNTY IN KUNMING

From Kunming to Huonig is a backbreaking journey on a small private minibus through what is one of the most beautiful provinces of China--the Yunnan. It is the hill-province like our Uttarakhand without snow-capped mountains. The temperature is around 20 C. The Huoning city is a small developing place, with wide roads and new buildings.

Huonig has all the county level health facilities- like the traditional medical hospital, 100 bedded hospital, anti-epidemic station, MCH hospital etc. But why there was also a township hospital--30 bedded—is to be clarified.

I visited the township hospital on 25<sup>th</sup> afternoon. The hospital chief --Dr Wei Xuttua- is a woman in forties, working here for several years now.

-30 beds-all general no maternity.

-25 doctors and 31 nurses, plus other staff.

-Serves a population of 40,000

-OPD 278 a day- 3 doctors in OPD. OPD timings 8am to 5pm

-7 doctors look after preventive activities only, looking after 18 surrounding villages.

-Other doctors look after IPD. Last year there were 477 admissions

-No deliveries in this hospital only medical cases, no surgery.

-Salaries: D-900, N-1000, other s 700Y, Nurses get more salaries because of allowances.

-Common illnesses: Respiratory illnesses, Diarrheas, fevers

-Fees OPD 10Y, Bed charges: 3 Y/day, Costs of stay for 7 days including all services and medicines: 500Y

-Finance: 60% Govt funds, 40% User-fees

I see no queues anywhere, but in front of a doctor are sitting 4-5 old women huddled on a bench, waiting to be seen. The doctor is checking a woman's pulse. In other room in what seems to be a ward, 4-5 patients including one child, are taking 'colored' saline. (Oh this is something!). I enquire about the illnesses, all of which are trivial and no indication for saline at all.

Injections must be a common practice for OPD.

I get an impression of a rather fattened institute, serving a cross section of sicknesses that 4 doctors with 20 bed-hospitals would easily do in India, barring the preventive work. Why is it so here in China? It is a Govt institution, which has been asked to raise its own revenues after reforms.





## 20. TWO VILLAGES



### *The First Village*

This is remote hill village, with 4 clusters of settlements. There is greenery all around. Irrigated farms, with mainly vegetables, rice wheat, pig-fodder, tobacco and fruits. Enter the village office, which is a complex of about 12 rooms on the ground floor and similar above, and with a nice courtyard. It is a traditional rural building that fits the village landscape and can be mistaken for a large house.

The main office is a hall that can easily accommodate 100 people and has chairs and sofas. It has a mega-music system and a large TV with VCR. The headman-officer- is a lanky man carrying a National Panasonic video camera. He greets me and shoots our visit.

The next room-actually three rooms- is the village clinic and I just see a mother with her child on back leaving the clinic. There are two doctors, a man and woman. The woman doctor- Mrs. Mali fen- is 35 years old, with two children- a son and a daughter. She took the 3 months' course in township MCH station in 1992. All rural doctors receive once-a-month-retraining at the county MCH station. The man RD is a veteran- 48 years and works on this post for 30 years. Has received several training courses so far.

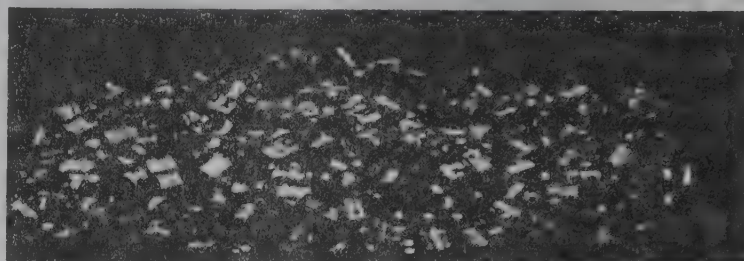
The VHS has 130 medicines, and 50-60 injections. (What a waste of resources!).

Charges: 4 Y per consultation, of which there are 10-15 every day. This brings about 1200-1400 Y every month. The senior doctor gets 180 Y p.m. and the Wi gets 150Y. The rest is spent on medicines.

The rooms are clean, well kept and pleasant.

The timings are very user-friendly- 8 to 10 am, 11 to 5 p.m., 7 to 9 p.m. (In China 11 a.m. is the lunchtime and 6pm the dinnertime. At 8am everyone is at work.)

This is another village- Pindi- and the rural doctor is Cheng Guilin. They get a daily OPD of 15 patients. There is one more doctor, a male. Here the consultation fee is more--7 Y. On the wall there are health education materials, posters all. One is about washing hands before meals, another about giving a daily bath for the child, then one about boiling water for consumption and ofcourse one about contraceptives.



*A heap of injections: Village Doctors commonly misuse injections and saline*

*A typical house of a farmer in hills: so much like Indian farmers' houses*



In this village I visited a primary school (Actually it is up to 7<sup>th</sup> std). The school is quite clean and pleasant. Many kids are studying in the courtyard on specially built benches. Some senior girls are studying in a corner of the playground. There is a basketball ground. A basket ball ground is almost a signpost of a school. There are many things that I note about the school, but not mentioned here.

(On way back to Huoning guest house, we suddenly come across a large complex, which is a swimming pool of very good standard. We too have a swim. Sports are important in China and there are physical facilities even in remote areas for this. )

In one hill village-the name I could not write- I make it a point to see four things: a farmer's house, a family toilet, water safety system, and family meals.



## The Second Village

The village looks like one we see in the Indian Western Ghats. Small and dusty lanes, open drains, mud-houses, and the stench of stables. Farmers in China keep pigs, a cow or a buffalo, often a horse and sometimes goats, and rarely donkeys too. The team of officers with me does not hinder from any photographs.

There are two differences between our Ghat village and this one. The first, there is a piped water supply for most houses and women do not have to spend their lives fetching water. The pipes are all Galvanized and stretch across the lanes in clusters and are not buried. The pipes are of good quality and bends and joints are good. I never saw evidence of leaky pipes anywhere. (Only yesterday the IBS TV news described the value of water to the nation and the govt is thinking of putting the right price on water supply). The second difference: none was shitting by the roadside, or on the drains. I never saw this in entire China and not even in this village. Neither did I see evidence of shitting in the open. (In any Indian villages, it is the most embarrassing sight). So where do they do it? I insist on seeing a latrine.

I see one. Now these latrines are unique. Most of them combine a pig-housing pit with sitting planks on top of it. Door is an optional matter and this one has none. There is darkness inside and it is difficult focussing my lens on it. There is no stench either, as the fattened pigs polish off the excreta as soon as it is dropped. Since the ladder like scaffold can take more than one person, it is a facility indeed.

I am told they all use toilet paper in China, except in remote hills where minorities may use soil or vegetation for after-toilet cleaning. Toilet paper is widely available in China and often newspaper is a ready substitute.

This has helped sever the anus-hand-mouth chain of germ transmission.

I visit a farmer's house and only the daughter in law is at home. She has just returned from the fields. About 21 yr., she was married only last year. Her parents stay in the same village across two lanes. She is yet to have a child. ("Not so soon!"-she replies to the question). Smoking is too common to be mentioned, but it is generally men, not women.



A cattlesahade ( above) and a village latrine (below)  
Another village with a piped water supply on right

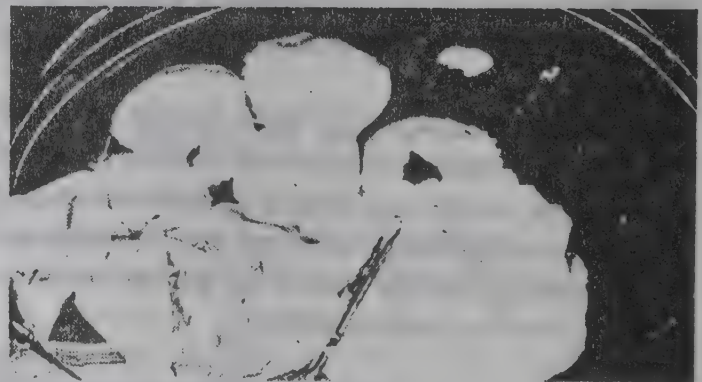
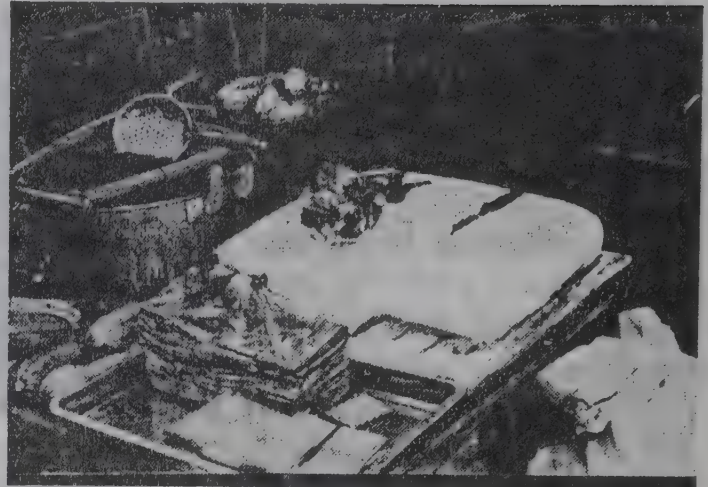




## 21. NUTRITION IN CHINA

From what I see everywhere nutrition seems to be better as compared to India. Rice share is falling in urban meals, being replaced by more of animal foods, sweets and vegetables. Wine and liquor is a common item for most households but getting drunk seems rare, atleast I did not see it anywhere. Pork, beef, goat-meat, chicken, fish and all kind of aquatic - foods are common in both restaurants and homes. Village shops exhibit huge size meat chunks on display and they are there most of the day. Fast food packed in box is available at 3.5 Y a piece and it seems to be good enough. Most people eat plenty of vegetables and animal foods. Chinese cooking excels in many ways- it is nutritious, usually freshly prepared, has plenty of water content in it (so easily digested), and fast cooking for a short spell ensures presence of vitamins. The pair of chopsticks keeps human handling to the minimum. But street foods do get exposed to dust and contamination. Street food is too common everywhere, in cities too.

*Pics: A woman in her farm (below) Right above picture is a village meat shop and below, a popular fast food in China*





## **22. TRADITIONAL CHINESE HOSPITAL IN HUONING**



The TCM hospital in Huoning is new and another large complex is underway. All TCM hospitals provide both types of treatments- western too. This helps patients as well as integration of the two systems.

At the entrance, I see both pharmacies. In the TCM section, two women pharmacists are packing remedies. A lot of raw herbs are stored in drawers. This hospital prepares many remedies under its name. I am offered a valuable medicine as gift and this one is for healing wounds.

The hospital has about 30 beds. In one section there is facility for treating spondylosis of both types-neck and waist. The weight and time is monitored on a digital display—something I have not seen in India so far. The neck-traction facility allows the patient to sit in a chair and on top is a traction pulley.

Fracture splints are prepared by this hospital- I receive one set as gift.

The hospital treats many types of illnesses but trauma, bone problems including fractures, women's illnesses, burns, headaches and chest problems. Cosmetic facial treatment with Chinese herbs is a speciality in this hospital.

The funds for hospital initially came from Govt but now the hospital has to fend for itself and earns its salaries from patient-fees. Like many hospitals, the fee is 22.3 Y per consultation and 3Y as bed charge per day. Medicines and procedures cost extra. Average cost of fracture treatment is 500 Y.

Some other facts about the TCM hospital:

Doctors 13, Nurses 16, other staff 21. Average OPD 120 patients

## **THE ANTI-EPIDEMIC STATION IN HUONING**

This is three storied building near the MCH hospital. There is bigger extension that now provides housing for AES staff. The AES is responsible for the Huonig county.

It has several cells and about 4-6 staff for each cell.

- The TB unit, equipped with 300MA X ray machine and Lab facility
- The Food Hygiene cell-looks after food quality and has surveyors.
- The water safety and environmental cell
- The health education cell
- Epidemic disease cell: for liver infection, Diarrhea, Malaria, TB, STDs
- The EPI-Immunization cell
- Occupational hygiene
- The accounts section
- Office and computer cell
- Library

### **Staff and budget**

- Staff: 56.
- Budget for year: 97,00,000 Y out of which 37,00,000 goes to staff salaries
- All grants come from Govt.- all level.

(I read in some research papers that lab services for food quality are available at a fee)

Excellent housing is available next to the complex for all staff. (The residential building was more impressive)



## 23. BABY FRIENDLY HOSPITAL IN GUAN-DU DISTRICT

This serves a population of 53,00,000- but there are other larger hospitals serving MCH plus other activities, so this is not the only hospital.

36 beds, 25 doctors, 14 nurses, total staff is 57. The chief -Dr Xi- is a doctor but has mainly managerial jobs to do.

It has separate OPDs for mothers and babies. I shoot a photo of the doctor sitting in the mother clinic, along with the wall poster of a pregnant mother in knee-chest relaxation position. There is no mother in the clinic at this moment, but 2-3 come later. On the whole it looks underutilized. It is a Saturday and half day for OPD. Timings :8-11 am and 12 to 5.30pm. The hospital part is open all days and hours.

Childbirth services are available and last year there were about 350 deliveries, with 56 Caesarian section surgeries. All doctors except the chief can do section and there is one anesthetist.

Fees: OPD- both babies and mothers-- 10-20 Y per visit. Normal delivery 800-900 Y, LSCS- 1500 Y USG test 20 Y (they give a paper printout, not film)

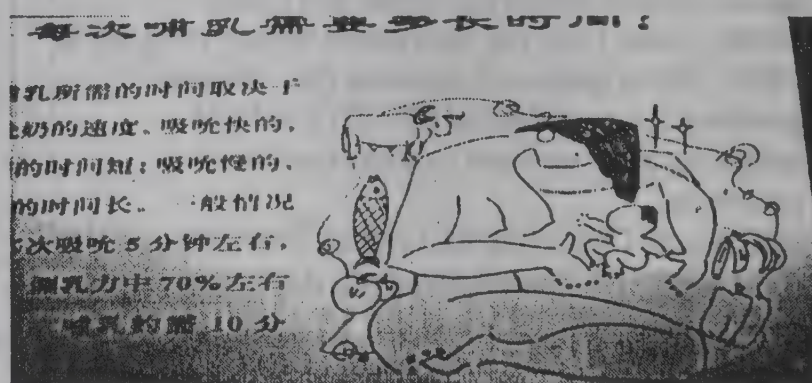
Salaries: 7500 Y per year per staff member for both doctors and nurses. This makes about 40,000 Y on salaries.

The population-53 lakh (I confirm again) is both rural and urban in about equal measure.

The birth rate is about 6/1000 pop. Too low, as the city people have very low birth rates.

For would be spouses there is a unique facility: Pre-marriage counsel and check up. This is available at fee of 54 Y per couple. It offers physical check up, sperm test, urine tests, blood tests for STDs and hepatitis, and screening for some genetic diseases (to be confirmed - details). This cell is the Eugenics cell. Last year 4500 pairs availed of this facility. HIV is not necessary in China. If some one has syphilis or some STD, the pair is fully informed and treatment is offered at proper cost. They can marry after treatment. As premarital sex is universal in China in both cities and villages, this facility is very important.

The hospital is not recognized for abortion services and so no figures are available. They do it on request (and perhaps the fees are pocketed).



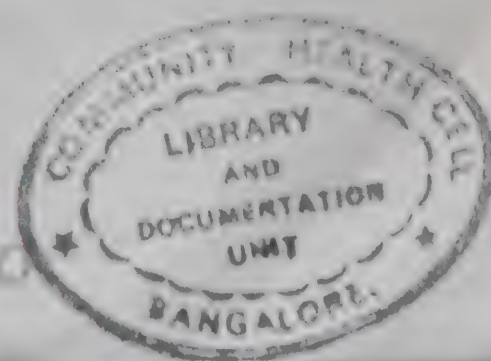
## TOWNSHIP HOSPITAL

It is a saturday afternoon and staff has left the premises except some.

Here I inquire with Wong Bo-- my interpreter from the Kunming medical college- about private practice of doctors and nurses in public hospitals in China. I explain to him how it operates in India.

Wong Bo explains his facts. Doctors in hospitals quite often suggest private fees besides the official fees. He says it is too common but they do not demand it in words. Instead they do with body language and delay

treatment for days or hours. The clueless relatives offer a fee for quick treatment and then the doctor accepts the money. The bribe is variable and can be as much as the usual hospital bill. The nurses too demand money sometime but not as often as doctors do. This he says is because of low salaries. I explain to him that in India it happens despite good pays.





## 24. ANOTHER VILLAGE HEALTH POST

This is a large suburban village but the clinic is modest. 3 patients are waiting for the doctor to come. I take the opportunity and photograph some important details. 3-4 saline-sets are hanging by their respective bottles. These seem to be the remains of the morning OPD. (It is 12.00 now and lunchtime for all). Under the table is a carton full of empty glass-vials of injections. I can not read these Chinese labels. But Wong tells me that they are antibiotics and vitamins. Patients would not pay unless they get injections or saline. Giving saline is too commonplace at VHS and 2<sup>nd</sup> tier hospitals- and mostly for no reason except the money. ( Dr Gu confirmed my observation more than once).

### *Toilets in the village*

This village has many toilets -- both household and common facilities. There seem to be septic tanks for

most of them. I did not see water seal here, as water is not used in China for ablution. No flush. This could be an aqua privy (which drops the excreta straight into tank water). There are no doors for any toilet and I am now used to see this.

But I keep thinking about human sensibilities. How can one do it in an open facility like this?

Culturally it is no problem. (On a swimming tank I saw a youth undress completely right in front of me without even a dash of inhibition). No fuss. Another good aspect of the same issue is total lack of inhibition on part of women of. One is so used to see girls and young women kind-of-shrink themselves when they face men. It is unknown in China.

## 25. MCH AND MCH PRE-PAYMENT SCHEMES

This institute, with help of others and under the Ford Foundation grant, done studies on MCH services in China and about pre-payment schemes in some counties. I have the detailed printed report with me. The discussion covered following issues and points.

1. MMR in was 1500 per lakh births before 1949, 67 in 1994 . But in backward counties like Yunnan province it was as bad as 133 -511 in 1994 indicating poor services in some backward provinces.
2. IMR for all China was 320 before 1949, above 55 in 1994 and now reported about 40. But in some areas it still quite high.
3. There is a substantial increase in MCH facilities in China and in Yunnan province, compared to almost non-existent services in 1949. But still in Yunnan the rate of hospital delivery is 36%
4. There are TBAs, female rural doctors and gynac-ob check up rooms in several villages
5. Currently the HFA 2000 goals set up for poor areas are: IMR(<50),MMR(<100), Clean delivery rate (>85), Hospital Delivery % (>50), AN care rate (>70), Child care rate (>50).
6. The MOH has declared a list of 15 tasks for village level MCH services as the *ideal package*, which is used for monitoring. Table shows variable achievements in different Yunnan counties on these parameters. Ideal task list for 2<sup>nd</sup> and 3<sup>rd</sup> tiers is also published by MOH.
7. The study consists of five different sub-projects on MCH services.

8. Many household still prefer home delivery for cultural reasons but the element of attended delivery itself is weak in the province.
9. Home deliveries are preferred for one more reason hospitals are far away and costly.
10. Obstretic services are poor and morbidity mars home deliveries. This shows that obstretic services lack both depth/coverage and quality.

### *PPS & MCH*

There is a study dealing with Pre-Payment scheme for MCH, wherein village couples pay one-time contribution to the PPS for village-level-care for two births. In many counties, there is in addition to this PPS, a system of management-information system (MIS) to monitor and guide the programme. The MIS network extends from county level to village level and there is a system of financial rewards and penalties on the basis of performance. The major conclusions of the study in this regard include:

- Prepayment with MIS works better in regards to all tasks than PPS alone.
- The rate of utilization of services guaranteed under the task list is variable for each task, and education-level of couples is a major determinant of who uses it and who does not, but income of the household makes little difference as PPS contribution itself is very small.
- PPS contribution per household varies from township to township, the range being 12 Y to 100. Many factors decide this contribution: the income levels, preparedness of VHS etc.
- Many conuties have not been able to pay the rewards declared in the PPS scheme.



## **26. DISCUSSION WITH PROF XI ON HEALTH PROFILE OF CHINA, CHALLENGES AND TRENDS:**

National statistics	1949	1990
IMR	25/1000	6.25/1000
MMR	1500/lakh births	95/lakh births
Life expectancy	35 yrs	69 yrs

**Sunday 29<sup>th</sup>.**

### **Major achievements in health**

- Three tier health care system
- Expansion of health care facilities in mid-sixties
- Better life expectancy due to reduced illness load and better services

### **Major lessons**

- Importance of health care in development
- Integrating health care with other areas of development
- Strong govt support is essential for health care development
- Health care is not a for-profit sector, so govt must allocate resources for health services
- Emphasis on preventive and accessible healthcare based on community needs. Essential, accessible, effective health care for all people is a must
- We must use existing network effectively. Attend to development of health –manpower( in 1992 we had 8,20,000 village doctors and 4,50,000 health workers and 4,46,000 trained birth attendants. For Barefoot Doctors, the initial training was 3 months, now its three years.
- Appropriate technology for health care ( the slogan was *needle and herbs*)
- The challenge now is to make health care as affordable as possible. In 1988 the MOH survey showed that 16% people could not afford it, now about 30-48% can not afford it in rich and poor counties respectively. (Average unmet needs 41%).
- Out of the total patients seen at VHSs, 33% and 38% in rich and poor counties need referral services.
- CMS is essential
- Co-ordination between urban and rural facilities is essential.

### **Challenges before the Chinese health system:**

- Demographic challenges: aging population, in 2000 about 10% people will be above 60 years.
- Disease load is still high as compared to developed countries.
- Morbidity is changing towards more chronic and expensive illnesses
- Lifestyle changes are bringing on heart ailments and strokes
- MOH has been complacent in the two decades since 1978.



## 27. VISIT TO KUNMING MEDICAL COLLEGE HOSPITAL:

On 30<sup>th</sup> March, Monday afternoon, we visited the Kunming Medical College. This is a provincial hospital having about 1300 beds, and 28 clinical specialities and 14 other departments. Daily OPD is 3000-4000. Hospital handles about 100 emergencies daily. OPD time is 8am to 6.30 pm. Waiting time for patients is from 2 minutes to 1hr.

Doctors: 600, Nurses 700, Other staff 680: total staff 1980 (which is about 1.5 per bed). The major finance comes from Govt. User fees are substantial: A heart attack with 15 days stay in hospital costs around 10,000 Y (about 1200\$), Heart surgery costs about

20,000-40,000 Y. Psychiatry treatment for one month indoor treatment costs 3000Y (400\$). But bed charges are low (10 Y per day). Consultation fee is about 0.5 Y to 2 Y depending upon who is examining. For govt staff only 5-10% of total costs need to be deposited. Salaries: Doctors 1000-1100 Y, super specialists 2500Y, Nurses: 800 Y

I saw an andrology dept in this hospital with modern equipment.

## 28. CONCLUDING DISCUSSION WITH PROF GU ON 1<sup>ST</sup> MARCH

On the last day, 31<sup>st</sup> March, I shared my observations with Prof Gu who happens to be a man helping the Chinese MOH in reshaping a version of CMS.

### *The positive points*

1. The Chinese achievements in spreading 3-tier health care network are astounding.
2. The health indices are very impressive.
3. The medical education system is sound and broadbased.
4. Medical education employs Chinese rather than English as the medium of instruction.
5. The role of traditional medicine is prominent and expanding and this is some achievement indeed.
6. The health indices look bright even though it is a rural dominant nation.
7. The preventive programmes are substantial—like the pre-marriage counseling, the services for elders, programme on heart problems etc.

### *The negative points.*

1. The hospitals seem to be overstaffed, there are too many doctors sitting without work. Though their salaries are not high by Indian standards, together it makes a lot of unnecessary burden on the public funds.
2. Irrational use of injections and saline infusions seems to be gaining foothold in the whole system.
3. Even rural doctors are misusing drugs and salines.
4. The *rural doctor* seems to be overshooting the needs of people. Their training needs to be leaner and so also their medicine stock and fees. I wonder whether they are using any diagnostics. Their practices are wasteful and irrational (Why 150 medicines?). Their fees are too high for the rural households. As a guess, they should be charging 50% of the current level.

5. The township hospitals that I saw were not conducting childbirths- passing it on to the distant county hospitals. May be the ones I saw were exceptional ones.

**My special interest would be in how CMS is revived in the new situation.**

Our group in India has something to offer the Chinese RD system

- The list of medicines for first contact care
- The system we are developing for clinic records-scannable records
- Diagnostics at the level of RDs



## ***China's Population programme***

Is China more populace than India? Speaking 'absolutely' yes but 'relatively' not. Remember China has two half times the land of India with just 20 crores more to support. So India has a more acute problem to face.

China is believed to have done well on checking growth rate, which is close to 1.2, with a birth rate about 17 and death rate of 6.5 per 1000 population. How did it do this miracle despite being a developing nation with 8 lakh villages? One answer is coercion- due to one party rule for five decades. But there are other explanations too. For instance, China had a 3-decade long history of Medical insurance security for villagers, apart from the ongoing medical insurance for all organized class. Literacy-- despite the difficult script with 3700 letters--is another factor that ensured success for Chinese FP programme. Widespread availability of health services with good contraceptive services even in villages has been another factor. In comparison to India, Chinese men and women marry at a later age, and certainly not before twenties. A notable thing about age at marriage is that in cities both men and women have about the same age at marriage. Remember in India the wife is younger by about 3-4 years than the husband. This must be helpful to create equality in the family. All this gives some edge to public education, as couples are better able to understand fully the implications of childbearing. Health education right from school level--with a proper orientation towards sex matters--is another long investment China has made.

Yet, there are wide rural-urban differences. I saw in Shanghai that several individuals in universities stay without marriage even in thirties. It is common for married couples to have just one child. The urban population gets benefits of pensions and other social securities and can afford to do without children. In villages however, Chinese farmers choose to have at least two children that too quickly! The reason is not

ignorance as many of us are likely to jump and say, but it is because the nature of Chinese land-holdings. In China farms are small and have to be tilled manually in most regions. I saw in Yunnan that women, with neither animals nor tractors to help them did all work on farms. So children are the only help for parents in villages. Farm prices are low, so little can be saved for future. This is like India no doubt and we too must understand that farmers can not live without more children unless we give up the anti-farmer policies.

China's one child policy was enforced from early sixties. This has put brakes on population growth. However this is not without its bad effects. First of all, so many Chinese people have to live without a brother and sister- a blood relation- in an insecure world. This has caused a kind of loneliness. Secondly it has created a shrinking family--one child, two parents and four grandparents. This is an inverse pyramid. This has made the Chinese population geriatric. Is it good to prevent young babies from coming into this world and allow only old people to live longer? This can be an unhealthy social situation. One more point about China is that minorities have greater leeway in the FP programme; but their minorities account for just 2.5 % of the total population. This is not to insinuate that Muslims do not accept FP in India.

What do we learn from china? First of all the one child norm is bad, and two is reasonable. Then age of marriage is certainly an important matter (Our examples of Kerala and Tamilnadu are emphatic enough). Third, good health services and availability of contraceptives is critical to success of FP. Finally, if the state is anti-farmer in its policies, there is no possibility of farmers accepting small family norm, even in coercive leave alone democratic societies.

***Dr Shyam Ashtekar***

April 25, 98



## China's Population Programme

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Dr. Shyam, Mumbai

April 22, 2000

Is China more populous than India? Speaking 'absolutely' yes but 'relatively' not. Remember - China has two half times the land of India with just 20 crores more to support. So India has a more acute problem in fact.

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